



A major step towards a Europe for Health

Directive on Patients' rights in cross-border healthcare

A graphic for the Cross-border Healthcare Directive. It features a blue rectangular box with a white grid pattern. Inside the box, the text "Cross-border Healthcare Directive" is written in white. To the right of the text is a white silhouette of a person running. Below the running figure is a white heartbeat line. The entire graphic is set against a background of faint, light-colored icons: a person running on the left, a heart in the center, and a green apple on the right.

**Cross-border
Healthcare
Directive**

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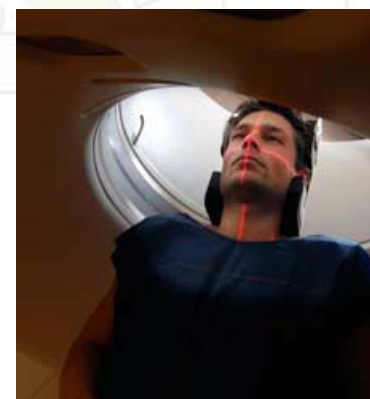
The 3 Aims of this Directive

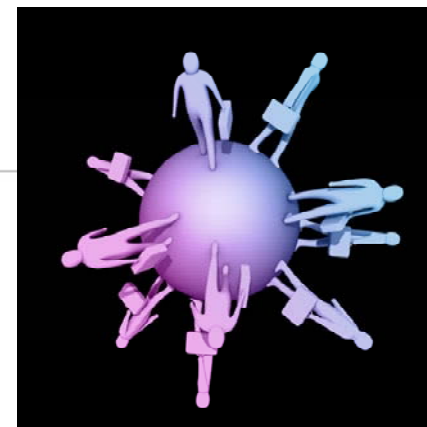


1. Help patients to exercise their **rights to reimbursement** for healthcare received in another EU country

2. Provide assurance about **safety and quality** of cross-border healthcare

3. Establish **formal cooperation** between health systems





1. Helping patients

■ Information to patients

Patients will have access to all relevant information via their National Contact Points.

■ Rules of reimbursement

Clarification of rules - patients will know:

(1) need for prior authorisation; (2) reasons for refusal; (3) level of reimbursement, and (4) need for up-front payment

■ Procedural guarantees

Patients will benefit from:

(1) clarification of responsibilities; (2) clear rules if something goes wrong; (3) right to review of administrative decisions; and (4) right to judicial proceedings



Information to patients

■ National contact points

- Rights and entitlements to cross-border healthcare in general
- Terms and conditions for reimbursement of costs (mechanism for calculation of costs)
- Procedures for assessing entitlements, including prior authorisation
- Appeal and redress procedures to challenge administrative decisions
- Standards and guidelines on safety and quality in the MS of treatment
- Healthcare providers subject to these quality and safety standards
- Healthcare providers' right to provide services and any restrictions on its practise
- Complaint procedures and mechanism for seeking remedies

■ Social Security Authorities (or health insurers)

- Their entitlements ("basket of benefits")
- Their level of reimbursement
- Application of prior authorisation in their case

■ Healthcare providers

- Options and types of treatments
- Prices and invoices
- Quality and safety of the healthcare they provide
- Their authorisation or registration status
- Insurance cover or other means of protection against professional liability





Safeguards for health systems

■ Conditions of reimbursement

- National health authorities pay out NO MORE than for treatments that correspond to the benefits provided for in its territory;
- They pay out ONLY for treatments they would pay for at home.

■ Maintaining of national rules

- Member States define the rules applicable on their territory.
- Conditions and formalities for treatments required in Member States can also be imposed for treatments abroad.

■ General safeguard

In case of serious risks for health systems, Member States can introduce a system of prior authorisation.

The System of Prior Authorisation

■ Scope for prior authorisation (PA)

Healthcare that:

- is subject to planning requirements: (a) one overnight stay in a hospital; (b) use of highly specialised or cost-intensive medical infrastructures or equipments;
- involves a particular risk to patients or population;
- is provided by a healthcare provider who raises concerns over quality and safety of care.

■ Patients affected by rare diseases

Recommendation to carry out a clinical evaluation by an expert in this field

■ Obligation of granting PA

If the healthcare in question cannot be provided within a reasonable time limit.

■ Reasons to refuse a PA

- Safety risk for patient or for population;
- Healthcare is provided by a healthcare provider that raises concerns over quality and safety of care;
- Healthcare can be provided within a reasonable time limit.



2. Quality and safety

■ Transparency and accountability

Information on healthcare providers and on standards applied

■ Member States responsibility

Refusal of prior authorisation if doubts over quality and safety of a healthcare provider

■ Cooperation of Member States

On standards and guidelines on quality and safety



3. Cooperation between health systems

■ **Recognition of prescriptions**

A prescription issued in another EU country will be recognised in a patient's country of residence and vice versa

■ **European Reference Networks**

It will bring together specialised centres accross Europe helping health experts to disseminate information and expertise

■ **Health Technology Assessment**

A permanent EU structure of cooperation to help decision-makers to make the right decisions on health investment and spending

■ **eHealth**

A first step towards "interoperability" of ICT for health at EU level for safety and quality of care, continuity of care, and health research





The legislative process

- **Adoption** of the Commission proposal: 2 July 2008
- **First reading:** July 2008 - September 2010
- **Second reading:**
 - Sept. – Dec. 2010: Negotiations
 - 19 January 2011: Vote in Parliament
 - 28 February 2011: Formal adoption of the Council
 - 4 April 2011: Publication in the Official Journal
 - 24 April 2011: Entry into force
- **Transposition time:** 30 months (25 October 2013)



THANK YOU!

Further information:

http://ec.europa.eu/health/cross_border_care/policy/index_en.htm